

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014156

FILED
Apr 15, 2004
Secretary of State

Entity Name: YEXKSA ENTERPRISES, L.L.C.

Current Principal Place of Business:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

4005 NW 114 AVENUE
SUITE 9
MIAMI, FL 33178

Current Mailing Address:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Mailing Address:

4005 NW 114 AVENUE
SUITE 9
MIAMI, FL 33178

FEI Number: 65-1133260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS, ANDREW ESQ.
536 BILTMORE WAY
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GOMEZ DE FUENTES, XIMARA
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: FUENTES, EDUARDO
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOMEZ DE FUENTES, XIOMARA
Address: 4005 NW 114 AVENUE, SUITE 9
City-St-Zip: MIAMI, FL 33178

Title: MGRM (X) Change () Addition
Name: FUENTES, EDUARDO
Address: 4005 NW 114 AVENUE, SUITE 9
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDUARDO FUENTES

MGRM

04/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date